

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90042 018 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762271**

1. Corporation Name

**PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**G/O LYNNALL BALLARD**  
**3400 NEW S PROVINCE BLVD**  
**FT MYERS FL 33907**

Mailing Address

**G/O LYNNALL BALLARD**  
**3400 NEW S PROVINCE BLVD**  
**FT MYERS FL 33907**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

**03/03/1982**

4. FEI Number

**59-1507784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**BALLARD, LYNNALL**  
**3400 NEW SOUTH PROVINCE BLVD**  
**FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name **Donald Paul Grieso**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3400 New South Province Blvd**  
 83   
 84 City **FT. MYERS** **FL** 85 Zip Code **33907**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Donald Paul Grieso: As Agent For Provincetown Condo Assoc* **4/12/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SWENSON, MARILYN</b>	
STREET ADDRESS	<b>3349-3 ALOUETTE CIRCLE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33907</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>RATLIFF, LEE</b>	
STREET ADDRESS	<b>5797-3 NEW FOUNDLAND CIR</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUSPANN, MARJORIE</b>	
STREET ADDRESS	<b>3284-2 ROYAL CANADIAN TRACE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>NICCOLLS, JAMES</b>	
STREET ADDRESS	<b>3306-2 NEW S PROVINCE BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MACPHERSON, RAYNOLD</b>	
STREET ADDRESS	<b>3291-4 PRINCE EDWARD ISLE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUFF, JASON</b>	
STREET ADDRESS	<b>3311-4 PINCE EDWARD ISLE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WHITNEY, DENNIS</b>	
6.3 STREET ADDRESS	<b>3289-3 NEW SO. PROVINCE BLVD.</b>	
6.4 CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable.

SIGNATURE:

*Marjorie Zuspann, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/99**  
 Date

**941-939-5535**  
 Daytime Phone #

CR2E037 (11/98)